

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 1-875)**

APPLICANT(S)

10048027

3600 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9		5				
10		8				
11	1		1		1	
12		2				
13		3				
14		3				
15		3				
16		0		1		
17	1		1		1	
18		1				
19		2				
20	1		1		1	
21	1		1		1	
22	1		1		1	
23						
24		2				
25		3				
26		0				
27	1		1		1	
28		1				
29		0				
30	1		1		1	
31	1		1		1	
32						
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49						
50						
TOTAL IND.		15		15		
TOTAL DEP.		22		20		
TOTAL CLAIMS		37		35		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						